

severe spasms of the larynx. During the puerperal period muscular spasm disappeared, although the irritability of the nervous system was much greater than normal. The patient suffered from severe after-pains during the first few days after delivery.

Neumann's second case was in her seventh pregnancy. She suffered from a cardiac lesion in addition to tetany. After labor, uterine relaxation and hemorrhage occurred, with the retention of a large clot within the uterus. This was removed, and the uterus douched and tamponed with gauze. During the puerperal period the uterus underwent rapid involution. Nursing the child, however, would bring on spasms, and cause abnormal sensations in the abdomen and throat. Six weeks after confinement the child was weaned, when the tetany disappeared. Eight months afterward the patient was again pregnant, and the peripheral nerves were found in a condition of exaggerated sensibility.

INJURY TO THE STERNO-MASTOID MUSCLE OCCURRING DURING BIRTH.

In the *Zeitschrift für Geburtshülfe und Gynäkologie*, Band 31, Heft 2, 1895, PINCUS reviews the literature of this subject, and has collected reports of forty-three cases. He finds that this complication was early recognized by obstetric writers. Injuries to these muscles, sufficiently severe to cause evident symptoms, are relatively rare. A distinction is to be made between primary rupture of the sterno-cleido-mastoid muscle followed by inflammation, and traumatic myositis, either circumscribed or diffuse. Inflammation of the muscle is by far the more important. In establishing a diagnosis it is necessary to determine accurately the time after delivery when this injury was first noticed. Syphilis has nothing to do with causing this condition. There is no doubt that it follows traumatism. Torsion of the child's body is the most important mechanical cause, while, as accessories, are the weight of the child, traction with forceps or with the fingers, traction upon the umbilical cord when wrapped round the child and passing over the muscle. In examining a given case one must keep in mind congenital variations in these muscles, and especially shortening, sometimes seen at birth. The frailness of these tissues to injury must also be kept in mind. The Schultze method of resuscitating children has not been observed to cause injury to these muscles.

The manner in which this injury occurs is clearly understood. In the first position of a vertex presentation the muscle of the left side is most usually injured, while with the second position the muscle upon the right is exposed. In breech presentation with the first position the right muscle is often wounded, while with the second position of breech presentation the muscle of the left side is most exposed. So far as medico-legal medicine goes, injury to these muscles at birth is of no special importance in determining the presence or absence of wilful injury to the fetus. Injury to the sterno-cleido-mastoid muscle only exceptionally causes persistent torticollis. These cases of torticollis usually develop after great stretching and wounding of the muscle.

The treatment of this complication of labor is essentially prophylactic. The obstetrician must use properly made forceps, correctly shaped. In obstetric manipulations, twisting of the child's neck or forcible torsion of the trunk must be carefully avoided. It would be well if text-books upon

obstetrics insisted upon a more careful study of injuries to the fœtus occurring during labor.

RETENTION IN UTERO OF THE SKELETON OF A FŒTUS FOR FOUR YEARS.

In the *Centralblatt für Gynäkologie*, No. 9, 1895, RESNIKOW describes an extraordinary case as follows: The patient was a multigravida who had borne twins; while pregnant, she had a severe fever which lasted two months; during the first day of the disease she had labor-pains, but nothing came from the womb; some time after this there began to be a discharge of pus from the vagina, and a year afterward with the pus bits of bone escaped; this persisted at intervals for three years, and the patient became very much emaciated; she had occasional attacks of high fever, and lost flesh and strength to a very marked degree; menstruation during the four years did not return.

Upon examination no evidence of inflammation about the pelvis was found. It was very evident, however, that pieces of bone were contained within the uterine cavity. After suitable preparation, the uterus was dilated with Hegar's dilators, iodoform-gauze tampons, and laminaria tents. Sufficient dilatation was secured to permit the extraction of the skeleton of a fœtus of seven months. The uterus was thoroughly disinfected, and the patient made a good recovery. It is supposed that during pregnancy the patient suffered from typhoid infection, which caused the death of the fœtus and led to its subsequent supuration. But few such cases are on record in the literature of the subject.

LOCAL TREATMENT OF PUERPERAL ENDOMETRITIS.

HUINERIK, of Amsterdam, reports in the *Nederl.tijdschr. v. Verlosk en Gynaecol.*, Jahrg. v. Abl. 2, 52 cases of puerperal sepsis in the Amsterdam Obstetric clinic treated by prolonged irrigation with 1 and 1½ per cent. or 2 per cent. carbolic acid solution, or 1:4000 bichloride of mercury solution; following this irrigation, the inner surface of the uterus was thoroughly painted with undiluted tincture of iodine. All of the cases recovered, the treatment being instituted so soon as fever developed.

MOBILITY OF THE PELVIC ARTICULATIONS AS DEMONSTRATED BY WALCHER'S POSITION.

In the *Centralblatt für Gynäkologie*, No. 10, 1895, KÜSTER, of Moscow, draws attention to an article by KORSCH (*Zeitschrift für Geburtshilfe und Gynäkologie*, 1881, No. 6, Part I.). From observations made in Slaviansky's clinic, Korsch determined that the increase in the true conjugate of the pelvis, because of the increased mobility in the pelvic joints during pregnancy, amounts to from three to ten millimetres. Other diameters of the pelvis are not proportionately enlarged. In the majority of cases the greatest mobility is found in the joints of the sacrum and coccyx. The number of previous labors has no influence upon this mobility.

Based upon these facts, Walcher's position is a simple method of taking advantage of them.